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Best Practices in Treating Youth with Substance Use Problems

**A Workbook for Organizations
That Serve Youth**

Ontario Youth Strategy Project

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ABOUT THIS WORKBOOK

Organizations in Ontario that serve youth with substance use problems strive to provide the best possible programs and services for their clients. Given that youth are at a different developmental stage than adults, work with youth should be tailored to meet their unique needs.

The Ministry of Health and Long-Term Care recognized the importance of youth-specific addiction services in its 1999 document *Setting the Course: A Framework for Integrating Addiction Treatment Services in Ontario*. The document encouraged the field to develop youth-specific programs that reflect young people's needs and developmental abilities, and to take into account issues they may face. Such issues include family violence, abuse, employment problems, homelessness and concurrent disorders. *Setting the Course* also referred to types of interventions that appear to be effective with youth, such as flexible programs that offer flexible access, and alternative models of care such as brief community-based treatment protocols.

In 2001, Health Canada published *Best Practices: Treatment and Rehabilitation Services for Youth with Substance Use Problems*. This document identifies best practices – based on a literature review and consensus of expert opinion – that “appear to result in the most successful treatment outcomes for youth.” The best practices set out in the document tend to be general statements such as “program uses a harm reduction model” or “program is flexible.” How can organizations translate these general directions into practice? What are the implications for planning programs and services, managing organizations, or recruiting and training clinical staff?

Improving practice is a developmental process

Improving practice is a developmental process that involves discovering what works best for our clients. To improve practice or discover what works best, we must seek out and share knowledge and information, reflect on our practice and integrate practice wisdom, examined practice, practice-based evidence and evidence-based practice. Improving practice means continually looking at what we do and how we do it, and asking “Is there a better way?” A willingness to regularly review or evaluate services and to make changes based on evaluation is in itself an indicator of best practice.

Reflective practice provides a framework to integrate best practices. It is a good fit with the youth substance use sector's tradition of adapting and growing to meet client needs, and it supports our collective desire to learn and grow in both our personal and organizational development. Reflective practice promotes our capacity to generate and foster advancements in emerging best practices, and reminds us that best practice is only possible when we are:

- rigorous in assessing our strengths and capacities
- honest in acknowledging our challenges and weakness

- active in taking corrective action to increase our knowledge, skills and abilities.

In our efforts to move toward more reflective or examined practice, we can combine the art and science of knowledge development.

The Ontario Youth Strategy Project, a working committee of Addictions Ontario, with the support of the Ministry of Health and Long-Term Care, has developed this workbook to help youth-serving organizations begin the process of reflecting on their practice. It takes the general statements in *Best Practices: Treatment and Rehabilitation Services for Youth with Substance Use Problems*, reframes them to make them more practical, and breaks them down into more specific practice guidelines. The workbook guidelines will help organizations assess whether their policies, procedures, programs, services and training contribute to best practice.

Some thoughts, questions and prompts that may help in your journey

As you use this workbook, in whatever way works for you, and review the practice guidelines in each of the three sections, you may want to ask yourself and others the questions below:

- How do we understand this guideline?
- What does it mean to me as a worker? What does it mean to my agency?
- How are we implementing this guideline? It may be helpful for you to provide yourself with examples.
- If we aren't implementing this guideline, what would we need to do to accomplish this? What would the plan look like?

Remember to be reflective

Often we have to tolerate irresolvable tensions. Reflective practice asks you to critically examine why things are the way they are – it does not promise change. As you use this workbook, keep this in mind, as well as the importance of:

- bringing neutrality to the process
- learning how to use reflective practice
- minimizing power dynamics
- who to include in the process (individuals, programs, youth, agencies, communities, others in the field etc.).

When these tensions arise, ask yourself:

- Do I/we agree with these tensions?
- Where do these tensions come from?
- What can I/we do about these tensions?

Find a formula that works for you in setting a plan: Use the existing grading system in the workbook, or *don't* use the existing system; use a matrix; develop a worksheet to set out priorities and plans. The design is up to you and what works best in your given situation.

How the best practice recommendations are organized

This workbook organizes best practices into three sections:

Orientation to client

1. Be individualized, client centred and client directed.
2. Trust and respect the youth's inherent motivation for treatment.
3. Involve the family, as defined by the youth.
4. Consider youth within their system of relationships, including peers, family, community and others.

Approach to practice

5. Have an explicit framework that directs practice and leads to demonstrable outcomes.
6. Use a holistic, biopsychosocial approach.
7. Use a harm reduction approach.
8. Be strength based and experiential, and focus on skill building.

Appreciating the context

9. Provide safe, respectful service.
10. Involve youth in meaningful ways in developing, delivering and evaluating services.
11. Recognize that youth are not a homogeneous group.
12. Manage tension among clients' needs, clients' choices and program resources.

Values and assumptions guiding the workbook

- Everyone who works with youth who have substance use problems strives to do the best job he or she can.
- We have an ethical responsibility to offer clients the best clinical intervention/treatment possible.
- Youth require specialized approaches, knowledge and skills from those who provide services to them.
- Change and growth cannot happen without leadership and support.

- Over the years, the youth sector has grown and developed in a largely uncoordinated, fragmented manner. As a result, creative, dynamic best practices are not used consistently throughout Ontario.
- There are not enough resources to adequately meet all clients' needs. When resources are limited, we must take a considered approach to training, education and clinical supervision.

Structure of the workbook

This workbook provides a framework that organizations can use to assess and improve their practice. The framework consists of three questions:

Why? This question is addressed by the values that drive individuals and organizations to provide the best possible service, which are set out in *Best Practices: Treatment and Rehabilitation Services for Youth with Substance Use Problems* and are reframed as best practices in this workbook.

What? This question is addressed by the elements that must be in place to provide quality service, which are based on evidence and practice experience, and are set out as the guidelines for best practice in this document.

How? This question is addressed by the steps that each organization is taking or will take to meet the best practice guidelines.

The workbook uses a table format:

- The first column lists specific guidelines that organizations can use to assess whether their programs and services are “best practice.”
- The second column prompts you to think about what the organization is doing now to meet each criterion or guideline. For example: Are we meeting or exceeding this practice? If we are, how can this be demonstrated? What's the evidence that this is our practice now?
- The third column provides a place to set out your plans to improve practice, for example what you plan to do differently to bring your practice in line with the guideline. The next time you review your practice, you can see whether you did what you said you were going to do, and identify the next steps required to continually improve practice.
- The fourth column provides a place to “score” your current practice. If you do so, develop your own scoring system.

Six great ways to use the workbook

This workbook is designed to be an aid to managers. It is a quality improvement tool that should be used to reflect on clinical services in a way that will keep your organization client focused and effective.

Organizations can use the workbook in a number of different ways to encourage staff to reflect on what they do and how they work, and to talk about ways to improve programs and provide better services for clients. It provides an opportunity to engage the whole organization in a process of discovery about best practices.

Each organization will find its own way to use this workbook. Suggestions include using it:

- in **staff meetings** to get everyone talking about best practices
- in **program development and strategic planning** to help you identify strengths and weaknesses, and encourage planners to be explicit about what they are doing and why
- to frame **reports to your board**, so you can illustrate where your organization is achieving best practice and where you are working to make improvements
- as the basis for **client satisfaction surveys** to help you ask the right questions and to improve your services
- to identify topics for **training and professional development** sessions
- as part of an **orientation package** to make new staff aware of best practices and organizational processes for implementing best practices.

Youth-serving organizations in Ontario are committed to providing effective, evidence-based services that meet clients' needs and choices. We hope this exercise will reinforce reflective practice and lead to an even more responsive system of care for youth with substance use problems.

A note about terminology

The workbook uses the following terms:

- *Organization* to refer to the organization, agency or service providing services for youth with substance use problems.
- *Treatment plan* to refer to the plan developed with the client, which is also known as a plan of care or service plan.
- *Clinical staff* to describe the people who provide counselling and other treatment services.

BEST PRACTICE RECOMMENDATIONS

ORIENTATION TO CLIENT

1. Be individualized, client centred and client directed

Our ability to be client centred and client directed, and to provide individualized services, depends on how we understand and define the youth who seek our services. Youth are a highly diverse group, and the young people we see in our programs can vary widely in age, development, culture, religion, sexual orientation, skills, capacities, interests and strengths. To provide individualized service, we must be able to see each client as an individual, with individual strengths and abilities.

Client-centred care is particularly important when serving youth, because they do not have the same resources or abilities as most adults to identify their needs or advocate for themselves. They are still highly dependent on adults and are in the process of learning to speak and act for themselves. Our role is to support their increasing sense of autonomy by ensuring that all aspects of our services are youth centred and welcoming. Our programs must engage youth and be easy for young people to use.

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
1.1 Programs are accessible and flexible. They engage youth. For example: - Hours of operations are flexible (e.g., after school, evening and weekend hours). - Services are in youth-friendly and accessible locations (e.g., malls, schools, multiple sites). - Services are accessible by			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
public transit. • The organization provides outreach services. • Clients are given a choice of telephone or in-person consultation and intake. • Young people can access services via the Internet. • Consultation or services are available by teleconference. 1.2 There is an annual process to obtain feedback from youth on the “youth friendliness” of your organization, including office space, location, clinical staff and services. For example, undertake: • focus groups with clients • client satisfaction surveys, conducted in a way that encourages youth to participate. 1.3 Waiting rooms and offices are welcoming to youth of different races, religions and sexual orientations (e.g., reflected in range of posters, brochures and other information).			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
1.4 Clinical staff are sensitive to cultural diversity and work to understand the diversity of the larger community.			
1.5 Where possible, clinical staff reflect the diversity of the community.			
1.6 There are formal service partnerships with community organizations that serve diverse youth (e.g., gay/lesbian/bisexual/transgender, Aboriginal, developmentally handicapped, francophone youth).			
1.7 Service partnerships are supported through formal written agreements.			
1.8 Organization policies and clinical practices reflect an understanding of the developmental needs and clinical issues facing youth. For example:			
• tolerance for lateness and missed appointments • frequent meetings flexibly scheduled to complete assessments • repeated attempts to connect			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
with youth, when required. 1.9 Program descriptions help match clients to services offered. For example, program descriptions highlight participants' developmental stage, level of readiness and gender. 1.10 Youth are fully informed of choices, including their costs and benefits, the time and location of services and the gender served. 1.11 All written material given to youth and their families is clear and accessible. Materials are inclusive and written in a way that is sensitive to culture, religion, race, sexual orientation and gender identity. 1.12 Written information handed to youth at their first contact with the organization outlines their rights (i.e., confidentiality, complaint procedures, voluntary nature of service, clinical file) and the organization's responsibilities. Information includes client-centred and client-directed concepts. For example, the information: reinforces that treatment			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
goals are the client's goals - tells youth they will have input about when they come and what programs they use - focuses on the young person's strengths. 1.13 There is a protocol for youth to sign that acknowledges that they received and reviewed information about their rights at initial contact. 1.14 The client determines his or her individual goals for service. Goals are written in the client's language and signed by the client. 1.15 The pace and extent of the service process takes into account the client's individual needs, capacities and wishes. 1.16 Standardized assessment and tools are used when clinically warranted. When they are not used, the reasons are documented in the client's file. 1.17 All reports are developed collaboratively with clients. Clinical staff review reports with clients to			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
make sure they are accurate, and clients sign a record indicating that they have reviewed documents and reports.			
1.18 Written practices and processes require regular reviews and feedback loops, which give clients opportunities to assess whether the service is meeting their needs.			

2. Trust and respect the youth's inherent motivation for treatment

Youth who make contact with a substance use service have demonstrated motivation for treatment, which should be acknowledged and respected. Organizations serving youth should not assume the young person will deny the problem or resist treatment. Clinical staff are encouraged to use the “stages of change” model and associated techniques to assess where the youth is in the change process, using positive language to recognize the steps that he or she has already taken. The intent is to respect and appreciate clients' reasons for seeking service and to acknowledge their capacity, while encouraging and supporting them in moving forward: “It is great that you've come in. Whatever happens, we're always here – we'll support you.”

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
2.1 The organization's values and beliefs reflect respect for the young person's motivation to seek services.			
2.2 The organization's treatment philosophy is based on a positive regard for youth and their reasons for accessing service.			
2.3 The program's descriptions and marketing materials use positive language when talking about youth's motivation.			
2.4 Clinical staff are supported and trained to use a strength-based, non-judgmental, collaborative approach to assessment, planning and treatment.			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
2.5 Assessment and treatment starts at a stage of change appropriate to the youth.			
2.6 Clinical staff assess the youth's readiness for treatment.			
2.7 Clinical staff use the stages of change model and work to match interventions with the client's level of readiness for treatment.			
2.8 Treatment both challenges and supports the youth's ability to move forward in the change process (e.g., motivational interviewing).			
2.9 Treatment plans and other documentation reflect the client's input in treatment planning and evaluation.			
2.10 Treatment honours the client's rights and choices while actively facilitating growth and change.			
2.11 The organization has a policy outlining when information will be shared with others and under what circumstances clinical staff will break a youth's confidentiality. This policy is fully explained to, and regularly			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
reviewed with, the client.			
2.12 The scope of information sharing with others (e.g., parents, child welfare, probation, school) is negotiated with the youth on an ongoing basis.			
2.13 Clients are aware of their rights and their responsibilities while receiving services.			

3. Involve the family, as defined by the youth

Whenever possible, youth serving organizations should involve the youth's family in the treatment plan. Family can play a key role in supporting and helping the youth achieve his or her goals. Family should be defined by the youth, and may or may not include the youth's biological family. Whomever the youth defines as "family" will influence the kind of involvement that "family" has in the treatment.

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
3.1 The organization's mission, brochures and program information explicitly state the importance of the family involvement and the role of family in the youth's treatment and care.			
3.2 Involving family is the clinical norm. When family involvement is not indicated, the reasons are clearly documented in the client's file.			
3.3 The organization makes an effort to match clinical staff and client, based on the therapy skills and level of family intervention required.			
3.4 Programs and clinical interventions creatively engage family in the youth's treatment process.			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
3.5 Clinical staff are knowledgeable and skilled in working with families on a number of levels including education, counselling, family work and family therapy.			
3.6 Clinical staff have the knowledge, skills and clinical support to work appropriately with the youth's family.			
3.7 The organization has a clear clinical framework that directs therapeutic work with families.			
3.8 The clinical framework acknowledges the strengths that family can bring to the therapeutic process.			
3.9 The family's involvement in treatment is determined the youth's definition of "family."			

4. Consider youth within their system of relationships, including peers, family, community and others

Youth exist in a system of relationships with family, peers, their community and others. Members of this system can have a significant impact on their thinking, decision making, and alcohol and other drug use. Their relationships can play a key role in their support and treatment, and can also be a factor in relapse. It is important for organizations to capitalize on the strengths of a youth's system of relationships, and to identify strategies that will help reduce harm to the young person from his or her family, peers, community and the legal system.

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
4.1 The organization's mission and treatment principles reflect a system approach.			
4.2 Assessment explores and takes into account the youth's system of relationships and asks system-level questions that go beyond the youth's family to include peers and community.			
4.3 Treatment recommendations take into account the youth's system of relationships.			
4.4 Programs and services recognize the ongoing and important role that a peer group plays in a young person's life and in his or her alcohol and other drug use.			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
4.5 Youth are taught social skills so they can be safer within their peer group (e.g., healthy relationships, safer sex, refusal skills, relapse prevention, building a new peer group).			
4.6 Programs and services capitalize on the strengths of the youth's system of relationships and use them to support and guide treatment.			
4.7 The organization uses an integrated, cross-system approach (e.g., health, mental health, addiction treatment, education, corrections, child welfare) to working with youth who have concurrent disorders.			
4.8 Every effort is made to involve family and significant others in a youth's treatment.			
4.9 The organization has explicit policies that set out youth's rights to confidentiality and the type of information that will be shared with members of the youth's system.			
4.10 Programs and interventions offer support and services to members of the youth's system.			

APPROACH TO PRACTICE

5. Have an explicit framework that directs practice and leads to demonstrable outcomes

Organizations serving youth should ensure that their services have their intended impact and that their clients' experiences reflect the client-centred, strength-based, holistic approach the organizations claim to offer.

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
5.1 The organization has a written treatment philosophy or principles.			
5.2 All programs and services have written, detailed descriptions that specify the population served, clinical rationale and framework for the service and measurable outcomes.			
5.3 Clinical frameworks are supported by evidence-based research or published "best practice" guidelines.			
5.4 Clinical practices are congruent with treatment philosophy.			
5.5 Regular clinical supervision is provided by a supervisor skilled in the clinical framework being utilized.			
5.6 Professional development plans			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
ensure that all clinical staff have and maintain current clinical competencies.			
5.7 Clinical staff are qualified (i.e., through education, training and experience) to deliver the clinical services they are providing.			
5.8 Written clinical competencies for clinical staff that support the framework are reviewed and updated annually.			
5.9 The organization has a written evaluation plan for each program. Outcomes are monitored and the information used for program development.			
5.10 As part of quality assurance, the organization systematically seeks feedback from clients and community organizations on its clinical practices and adherence to its framework.			

6. Use a holistic, biopsychosocial approach

Best practices for youth include a holistic biopsychosocial approach that treats the whole person, taking into account the young person's biological (physical), psychological (mental, intellectual, emotional), and social (familial, peer, cultural, spiritual) strengths and needs. The goal is to use a range of strategies to address a variety of problems.

While holistic care is the goal, the organization likely will not be able to meet all of a client's needs on its own: it will have to develop partnerships with other key organizations in order to provide a truly biopsychosocial approach. To develop the right partnerships, organizations should be aware of gaps in their ability to deliver biopsychosocial care.

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
6.1 The organization's values, principles and treatment philosophy reflect a holistic, biopsychosocial approach.			
6.2 Service delivery policies incorporate a holistic approach.			
6.3 Print and other materials (e.g., brochures, posters, websites, flyers, pages on social networking sites) emphasize the holistic approach of the organization.			
6.4 The intake process, screening and assessment address all of the client's biological, psychological and social strengths and needs.			
6.5 During the assessment process,			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
specific questions target the youth's biological and physical health (e.g., nutrition, dental care, vision care, sexual health, STDs, sleep, medications). 6.6 Treatment plans are linked to the needs identified during the assessment and reflect strategies that account for the youth's health, family, peers, school, community, work and spirituality. 6.7 A variety of disciplines and professions, available within the organization or sourced externally, are involved in a youth's assessment and treatment when appropriate. 6.8 The organization has partnerships and established protocols with key organizations (e.g., youth justice, child welfare, education). 6.9 The organization has completed a self assessment, identifying what it can and cannot provide, as well as the different kinds and levels of partnerships required to meet youth's needs.			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
6.10 When the organization cannot provide a required service, it refers clients to outside organizations.			
6.11 The organization uses a variety of clinical processes (e.g., clinical supervision, case consultation, case reviews, file audits) to support a holistic, biopsychosocial approach.			
6.12 The client's spiritual and cultural needs are taken into account in the assessment and treatment of the "social" realm.			
6.13 Professional development and training supports a holistic, biopsychosocial approach.			

7. Use a harm reduction approach

While abstinence is ideal in addiction treatment, most youth will reject this goal since it means fundamentally changing their lives. Instead, effective treatment for youth uses a harm reduction approach that focuses on promoting safety and reducing the potential harm that youth may cause themselves and others.

It is important to be clear about the meaning and use of harm reduction. Harm reduction is not about one type of treatment versus another: it is a continuum of treatment strategies that includes abstinence. A harm reduction approach allows clinical staff to work with youth, regardless of where they are in the stages of change process. Harm reduction accepts small incremental change. Some see harm reduction as a step in the change process and a way to give youth the support they need to deal with a substance use problem.

Harm reduction strategies for youth may vary depending on the service setting or location. For example, it is more difficult to offer a full range of harm reduction strategies in a residential setting. Effective harm reduction strategies are client-directed, non-judgmental, practical, flexible and accessible (i.e., there is a low threshold for entry into treatment programs).

When using a harm reduction approach, youth-serving organizations can move beyond substance use to address other behaviours that put youth at risk, such as self harm, unsafe sexual practices, driving dangerously and needle use. A harm reduction approach can help youth identify and reduce the harm across a range of behaviours and practices. The goal is to teach youth how to keep themselves safe.

Some clinical staff may find a harm reduction approach difficult because of the emotional investment required to allow youth to make their own choices and because harm reduction strategies are often in conflict with mainstream social norms and laws.

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
7.1 The organization's mission, values and principles explicitly set out a philosophy of reducing harm.			
7.2 Marketing materials discuss harm reduction concepts.			
7.3 Harm reduction practices are evident in program descriptions.			
7.4 Waiting areas display, and clinical staff have, up-to-date, youth friendly, accurate information on high-risk behaviours.			
7.5 Waiting areas display, and clinical staff have up-to-date, youth friendly, accurate information on harm reduction services and resources such as methadone maintenance treatment, needle exchange services, safe drinking guidelines, safer sex practices and sexual health centres.			
7.6 Entry and intake processes use low threshold practices that make services more accessible (e.g., extended hours of operation, drop-in services, in-person reception			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
services, outreach, transportation). 7.7 The intake process and procedures include an exploration of the youth's goals. 7.8 The intake process includes screening questions to assess immediate risk in the main life domains (e.g., physical health including substance use, mental health, safety, housing, food) as well as safety planning to address these risks. 7.9 With each contact, clinical staff track and maintain focus on practical short-term actions that will help the youth reduce immediate and harmful consequences of substance use and other high-risk behaviours. 7.10 During the assessment process, youth are engaged in assessing the risks and benefits of their substance use and its effects in all areas of their life. This assessment is recorded in the client's file. 7.11 Treatment plans focus on the goals identified by the youth and on reducing the impact of substance use			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
and other high-risk behaviours.			
7.12 Hiring practices explore applicants' comfort level with the harm reduction philosophy and practices.			
7.13 New staff, students and volunteers are oriented to harm reduction philosophy and practices.			
7.14 Clinical staff have professional development opportunities that help build harm reduction practice skills.			
7.15 Supervision and peer support recognize and address the demands on clinical staff of using harm reduction philosophy and practice.			

8. Be strength based and experiential, and focus on skill building

There is a tendency to pathologize youth's behaviours, and to focus on their problems and weaknesses. This focus is counter-productive, because change occurs from a position of strength. To help youth recognize their potential to change, addiction services should avoid pathologizing youth's actions, labelling them or focusing on what needs fixing. Instead, they should focus on the positives: what each young person does well, and on the skills that will enhance self esteem and lead to healthier choices. A strength-based, experiential and skills-based approach recognizes the value to youth of learning through experience, and is empowering. This approach recognizes that new insights and abilities lead to new awareness, which leads to new choices.

To be effective, services should involve youth in experiences, activities and skills that build on their interests and reflect their stage of development while respecting any developmental issues they face. The goal is to enhance the young person's competence and provide them with a "toolbox" of skills they can use to make responsible decisions and achieve their goals.

Opportunities for youth to engage in experiential learning and to develop skills and coping strategies may be provided within the addiction organization and/or through other service providers.

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
8.1 The organization's mission, vision and values reflect a strength-based experiential perspective.			
8.2 Awareness and promotional materials promote strengths, experience and skill development.			
8.3 The assessment and treatment process emphasizes strengths and healing versus pathology and illness.			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
8.4 The assessment process and tools draw out the youth's strengths. Strengths clearly inform the treatment plan.			
8.5 As part of the assessment and treatment process, youth are given encouragement and support to identify their own strengths.			
8.6 Treatment planning includes youth participating in a variety of experiences or activities such as art, music, drama, play, recreation and sports.			
8.7 Strengths and skill development are integrated into all treatment plans, strategies or interventions.			
8.8 Treatment experiences build on the youth's interests and strengths. Practice exercises or activities help youth experience their own strengths.			
8.9 The language used in reports, clinical notes and meetings is positive, and highlights the youth's strengths and skills.			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
8.10 The skills taught are developmentally appropriate.			
8.11 Programming provides hands-on practical experiences for youth.			
8.12 Programming focuses on helping youth develop skills.			
8.13 There is a process for youth to decide which activities or experiences they will pursue.			
8.14 Clinical supervision and professional development support a strength-based, experiential, skill-building model of service.			

APPRECIATING THE CONTEXT

9. Provide safe, respectful service

Youth who seek treatment for a substance use problem are looking for a safe place where they can receive support and guidance, where their strengths and motivation are recognized, and where they are treated with respect. Some youth with substance use problems come from unsafe situations or have experienced abuse or violence. Therefore it is particularly important that the organization provide a safe environment where neither youth nor clinical staff experience any form of harassment, discrimination, oppression or abuse. Effective treatment occurs within a culture of mutual respect, where clinical staff treat one another and youth with dignity and respect. Youth need to know what to expect from the organization and what the organization expects of them.

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
9.1 The organization's principles, which guide service, include reducing harm and increasing safety.			
9.2 The organization has a clear, explicit written statement that outlines the organization's rules, structure and expectations as well as the client's rights and privileges.			
9.3 The organization's rules, structure and expectations are communicated to youth in a way they understand, being mindful of their developmental, intellectual and cognitive abilities, and are reviewed			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
with clients at intake and throughout treatment.			
9.4 Youth have a simple, straightforward feedback process to follow when they have ideas, questions or concerns about service.			
9.5 The feedback process available to youth is explicit and public.			
9.6 Staff model safe and respectful behaviours through their dress, language and attitudes toward one another and toward clients.			
9.7 Staff collaborate with youth during the assessment and treatment process.			
9.8 Youth are encouraged and supported in making positive lifestyle choices.			
9.9 Youth are encouraged to talk, participate and be involved.			
9.10 Staff receive training and education on creating and maintaining safe, respectful environments.			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
9.11 Staff receive clinical supervision and training on oppression, the use of power in relationships, and how to work from an anti-oppression framework.			
9.12 Issues and consequences are managed in confidential, safe, respectful ways.			
9.13 Programming incorporates diversity and an anti-oppression framework			
9.14 Policies set out expectations for staff safety, client safety, harassment, client rights, diversity, and an anti-oppression framework.			
9.15 The organization develops structures and systems that foster and promote safe practices (e.g., lighting, transportation, breaks, clinical grouping, office set-ups).			

10. Involve youth in meaningful ways in developing, delivering and evaluating services

Services for youth are more effective when youth are engaged at all levels of the organization, including the board, program planning and service delivery. Youth's involvement must be meaningful for them and the organization. For involvement to be meaningful it must include more than just a token person on a board or planning committee. The organization must genuinely value youth's opinions and perspectives, and identify ways to ensure their voices are heard in discussions and debates about managing the organization, developing programs and delivering services. Significant changes should be discussed with youth.

Youth should be asked about the type of involvement that would be meaningful for them and the aspects of the organization that they would like to influence. They should also be consulted about ways to engage other youth and the potential for youth-to-youth involvement.

Many organizations face challenges identifying effective ways to involve youth on an ongoing basis and designing consultation and engagement processes that involve youth. The “science” of youth engagement is an evolving field of practice, and so organizations should be actively seeking and sharing effective strategies.

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
10.1 The organization's values and principles reflect an understanding that meaningful involvement of youth in developing, delivering and evaluating services is important.			
10.2 Policies and procedures guide youth involvement in organization management, program development and service delivery.			
10.3 Input is collected from youth			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
who reflect the diversity of the clients receiving services from the organization (i.e., ages, skills, developmental stages, cultures, interests, backgrounds). 10.4 The organization makes efforts to involve youth who are not normally heard from or who challenge the status quo. 10.5 The organization makes efforts to gather input from youth who are not receiving service from the organization (e.g., "Why did you not seek service from the organization?"). 10.6 The strategies used to involve youth reflect their needs, interests and developmental capacities. 10.7 The organization uses a variety of strategies to involve youth, such as a youth advisory board, board members, surveys and focus groups, and referring to clients as "alumni." 10.8 The organization regularly reviews youth input and makes changes based on their feedback.			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
10.9 Clinical staff use client-centred approaches and client-directed frameworks that are supported by evidence-based research or best practices.			
10.10 The organization strives to keep abreast of new research and trends in youth engagement.			

11. Recognize that youth are not a homogeneous group

Youth are not a homogenous group. Effective services must take into account the different individual and social variables that can affect a youth's needs and service choices, including developmental stage, gender, culture, race, class, religion, sexual orientation and disability.

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
11.1 The organization's mission, values and principles reflect a philosophy of inclusion, respect for diversity, and individualized services.			
11.2 Antiracism, anti-oppression and pro-diversity policies guide the organization's culture and apply to board, staff and clients.			
11.3 Hiring policies and practices reflect an anti-oppression framework.			
11.4 Accessibility policies and practices address potential barriers to service, such as language; culture; mobility, hearing and sight limitations; hours of operation; and lack of transportation. The organization dedicates adequate resources to resolve these barriers.			
11.5 Anti-oppression and pro-diversity policies and practices are			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
reviewed and revised annually. 11.6 Promotional materials (i.e., brochures, pamphlets, website) include references to inclusion, respect for diversity and an individualized approach to service. 11.7 Waiting areas, hallways and offices display information about the organization's respect and honour for diversity (e.g., rainbow signs, anti-oppression posters). 11.8 The intake process includes a number of questions designed to help the organization provide individualized services (e.g., gender, spirituality, ethnicity, sexual orientation, physical needs). 11.9 Services are flexible and designed to accommodate youth rather than making clients adapt to services. Program descriptions specify the needs they are able to meet. 11.10 The design and composition of group programs take into account variables such as gender, developmental stage and readiness			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
for change (e.g., gender specific groups, need-based groups).			
11.11 The organization has service protocols and/or partnerships with other groups who may provide specific services and support for youth (e.g., multicultural centres, Aboriginal services, AIDS Network, Cultural Centre for the Deaf).			
11.12 When the organization cannot meet a youth's specific needs, it refers the youth to another organization that can.			
11.13 Clinical staff receive ongoing training and support to help them understand the various needs of the youth they serve and provide appropriate, sensitive services.			
11.14 Social justice and anti-oppression content is woven into programs and services delivered to youth.			
11.15 The organization has policies and procedures to manage a youth's inappropriate oppressive behaviours and address both the oppressor's actions and the victim's experience			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
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(whether the victim is a client or a staff member). These policies and procedures recognize that all clients are there for treatment and in need of help.

12. Manage tension among clients' needs, clients' choices and program resources

Youth-serving organizations strive to provide the best possible service for clients within the limits of available resources. According to Drug and Alcohol Treatment Information System (DATIS), organizations have seen a steady increase in the number of youth seeking treatment for substance use problems, and caseloads are growing.

For most organizations, efforts to implement best practice may be limited by resources. However, this should not stop the organization from identifying and acknowledging the tension between clients' needs and resources. Reflecting on how this tension affects an organization's capacity to meet clients' needs is beneficial. Using a process to determine what may be done, may lead an organization toward a strategy, practice and/or resolution not yet thought possible. Organizations need to challenge themselves to avoid letting resource limitations stand in the way of reflective practice.

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
12.1 A client's treatment plan explicitly discusses the client's clinical needs as well as the client's choices.			
12.2 Goals and interventions are negotiated collaboratively with clients to develop a treatment plan.			
12.3 The organization offers services specifically designed to meet the needs of youth who are in a precontemplative stage.			
12.4 If there is conflict between clinical need and client choice, clinical staff use education, motivational interviewing and cognitive behavioural strategies to promote			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
client awareness, understanding and safety. 12.5 When there is no agreement on a collaborative treatment plan, or needed services are not available, the organization has a process (i.e., case resolution/consultation) that will help the client and the service provider confirm, expand or alter the understanding of clinical needs of the client, and/or consider different opportunities and choices. 12.6 Youth, family and their system of relationships are involved in the case resolution process. 12.7 Management, colleagues and organizational culture support creative, flexible and dynamic treatment planning that meets clients' diverse needs and manages the tension between needs and resources. 12.8 Clinical staff are both challenged and supported through regular supervision and timely access to consultation.			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
12.9 The organization has a system and process to track difficult-to-resolve issues. Management reviews these issues to identify patterns, unmet needs, gaps, and staffing and resource issues.			
12.10 The board or management committee is informed of issues at least once a year. A written plan to address these issues is developed. There is a process for sharing this information with the organization's management and board, funders, local and provincial planning tables, and other stakeholders.			
12.11 New staff, students and volunteers are oriented in culturally sensitive practices, policy and procedure reviews, client rights, and the organization's responsibilities.			
12.12 The organization provides annual training in culturally sensitive practices, policy and procedure reviews, client rights and the organization's responsibilities.			
12.13 Client feedback surveys or other evaluation processes include			

Practice guidelines	What we're doing now that contributes to best practice	Our plans to improve	Score (optional)
questions related to client choice, culturally sensitive practices, understanding of client rights and understanding of the organization's responsibilities. 12.14 Regular file reviews or audits assure quality and implementation of best practices. 12.15 File reviews show evidence of collaboration with clients and processes used to address any differences of opinion (e.g., reports signed by clients, assessment addresses needs and choices, goals in language of the client). 12.16 In cases where the client is mandated to attend, there is documentation that the issue of being forced into treatment is addressed.			

